1. STATION NO.										For field station file copies									ERIC FI	LE	Al	.PHA	FILE																
то	]	Data F 1615 I	Proce East	nt of Veterans Affairs (345) essing Center Woodward Street							FR	STATION NAME AND ADDRESS  OM												CONTROL NO.															
2.	2. TYPE OF ORGANIZATION (Code only ONE)												'												3.	ACTI	ON F	REQL	EST	ED									
A 0	A. FINANCIAL B. EMPLOYEE ORGANIZATION UNION										YEE				C. COMBINED FEDERAL A. ESTABLISH B. CHAN											NGI	E	C. CANCEL											
			(1-	3)		(4)	(5-	8)			(9-	12)			A	. ZIP	COD	E (	(13-17	7)																			
			B. PAYEE (18-52)										_																										
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			C.	ADD	RESS	ONE	(53-				<u> </u>							_		<u> </u>				<u>'</u>															
D. ADDRESS LINE TWO (88-105)																				Ī	E. EMP (106-									SEF 15-1	RVED 20)	D							
The first allotment or payment under this authorization will be pay period ending.										5.	i. DATE (Month, day, year)																												
PREPARED BY									VE	VERIFIED BY										APPROVED									DA	TE									
VA FORM									EXISTING STOCK OF VA FORM 4-5656 MAR 1979											DAVEE INCORMATION																			

VA FORM **4-5656** 

EXISTING STOCK OF VA FORM 4-5656, MAR 1979, WILL BE USED.

PAYEE INFORMATION
NON-GOVERNMENT ORGANIZATION